

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff _____
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (*Firm Name, Address, and Telephone Number*) _____

DEFENDANTS

County of Residence of First Listed Defendant _____
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF
 THE TRACT OF LAND INVOLVED.

Attorneys (*If Known*) _____

II. BASIS OF JURISDICTION (*Place an "X" in One Box Only*)

- | | |
|--|--|
| <input type="checkbox"/> 1 U.S. Government Plaintiff | <input type="checkbox"/> 3 Federal Question
<i>(U.S. Government Not a Party)</i> |
| <input type="checkbox"/> 2 U.S. Government Defendant | <input type="checkbox"/> 4 Diversity
<i>(Indicate Citizenship of Parties in Item III)</i> |

III. CITIZENSHIP OF PRINCIPAL PARTIES (*Place an "X" in One Box for Plaintiff and One Box for Defendant*)
(For Diversity Cases Only)

	PTF	DEF		PTF	DEF
Citizen of This State	<input type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	<input type="checkbox"/> 4	<input type="checkbox"/> 4
Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5
Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6

IV. NATURE OF SUIT (*Place an "X" in One Box Only*)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance	PERSONAL INJURY	PERSONAL INJURY	<input type="checkbox"/> 422 Appeal 28 USC 158	<input type="checkbox"/> 375 False Claims Act
<input type="checkbox"/> 120 Marine	<input type="checkbox"/> 310 Airplane	<input type="checkbox"/> 365 Personal Injury - Product Liability	<input type="checkbox"/> 423 Withdrawal 28 USC 157	<input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))
<input type="checkbox"/> 130 Miller Act	<input type="checkbox"/> 315 Airplane Product Liability	<input type="checkbox"/> 367 Health Care/ Pharmaceutical Personal Injury Product Liability		<input type="checkbox"/> 400 State Reapportionment
<input type="checkbox"/> 140 Negotiable Instrument	<input type="checkbox"/> 320 Assault, Libel & Slander	<input type="checkbox"/> 330 Federal Employers' Liability		<input type="checkbox"/> 410 Antitrust
<input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment	<input type="checkbox"/> 330 Federal Employers' Liability	<input type="checkbox"/> 368 Asbestos Personal Injury Product Liability		<input type="checkbox"/> 430 Banks and Banking
<input type="checkbox"/> 151 Medicare Act	<input type="checkbox"/> 340 Marine	<input type="checkbox"/> 345 Marine Product Liability		<input type="checkbox"/> 450 Commerce
<input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)	<input type="checkbox"/> 345 Marine Product Liability	PERSONAL PROPERTY		<input type="checkbox"/> 460 Deportation
<input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits	<input type="checkbox"/> 350 Motor Vehicle	<input type="checkbox"/> 370 Other Fraud	<input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations	
<input type="checkbox"/> 160 Stockholders' Suits	<input type="checkbox"/> 355 Motor Vehicle Product Liability	<input type="checkbox"/> 371 Truth in Lending	<input type="checkbox"/> 480 Consumer Credit	
<input type="checkbox"/> 190 Other Contract	<input type="checkbox"/> 360 Other Personal Injury	<input type="checkbox"/> 380 Other Personal Property Damage	<input type="checkbox"/> 490 Cable/Sat TV	
<input type="checkbox"/> 195 Contract Product Liability	<input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 820 Copyrights	
<input type="checkbox"/> 196 Franchise			<input type="checkbox"/> 830 Patent	
REAL PROPERTY	CIVIL RIGHTS	HABEAS CORPUS:	<input type="checkbox"/> 835 Patent - Abbreviated New Drug Application	
<input type="checkbox"/> 210 Land Condemnation	<input type="checkbox"/> 440 Other Civil Rights	<input type="checkbox"/> 463 Alien Detainee	<input type="checkbox"/> 840 Trademark	
<input type="checkbox"/> 220 Foreclosure	<input type="checkbox"/> 441 Voting	<input type="checkbox"/> 510 Motions to Vacate Sentence		<input type="checkbox"/> 377 Civil Rights Act
<input type="checkbox"/> 230 Rent Lease & Ejectment	<input type="checkbox"/> 442 Employment	<input type="checkbox"/> 530 General		<input type="checkbox"/> 378 Privacy Act
<input type="checkbox"/> 240 Torts to Land	<input type="checkbox"/> 443 Housing/ Accommodations	<input type="checkbox"/> 535 Death Penalty		<input type="checkbox"/> 379 FLSA
<input type="checkbox"/> 245 Tort Product Liability	<input type="checkbox"/> 445 Amer. w/Disabilities - Employment	OTHER:		<input type="checkbox"/> 380 FLSA
<input type="checkbox"/> 290 All Other Real Property	<input type="checkbox"/> 446 Amer. w/Disabilities - Other	<input type="checkbox"/> 540 Mandamus & Other		<input type="checkbox"/> 381 FLSA
	<input type="checkbox"/> 448 Education	<input type="checkbox"/> 550 Civil Rights		<input type="checkbox"/> 382 FLSA
		<input type="checkbox"/> 555 Prison Condition		<input type="checkbox"/> 383 FLSA
		<input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement		<input type="checkbox"/> 384 FLSA
				<input type="checkbox"/> 385 FLSA
				<input type="checkbox"/> 386 FLSA
				<input type="checkbox"/> 387 FLSA
				<input type="checkbox"/> 388 FLSA
				<input type="checkbox"/> 389 FLSA
				<input type="checkbox"/> 390 FLSA
				<input type="checkbox"/> 391 FLSA
				<input type="checkbox"/> 392 FLSA
				<input type="checkbox"/> 393 FLSA
				<input type="checkbox"/> 394 FLSA
				<input type="checkbox"/> 395 FLSA
				<input type="checkbox"/> 396 FLSA
				<input type="checkbox"/> 397 FLSA
				<input type="checkbox"/> 398 FLSA
				<input type="checkbox"/> 399 FLSA
				<input type="checkbox"/> 400 FLSA
				<input type="checkbox"/> 401 FLSA
				<input type="checkbox"/> 402 FLSA
				<input type="checkbox"/> 403 FLSA
				<input type="checkbox"/> 404 FLSA
				<input type="checkbox"/> 405 FLSA
				<input type="checkbox"/> 406 FLSA
				<input type="checkbox"/> 407 FLSA
				<input type="checkbox"/> 408 FLSA
				<input type="checkbox"/> 409 FLSA
				<input type="checkbox"/> 410 FLSA
				<input type="checkbox"/> 411 FLSA
				<input type="checkbox"/> 412 FLSA
				<input type="checkbox"/> 413 FLSA
				<input type="checkbox"/> 414 FLSA
				<input type="checkbox"/> 415 FLSA
				<input type="checkbox"/> 416 FLSA
				<input type="checkbox"/> 417 FLSA
				<input type="checkbox"/> 418 FLSA
				<input type="checkbox"/> 419 FLSA
				<input type="checkbox"/> 420 FLSA
				<input type="checkbox"/> 421 FLSA
				<input type="checkbox"/> 422 FLSA
				<input type="checkbox"/> 423 FLSA
				<input type="checkbox"/> 424 FLSA
				<input type="checkbox"/> 425 FLSA
				<input type="checkbox"/> 426 FLSA
				<input type="checkbox"/> 427 FLSA
				<input type="checkbox"/> 428 FLSA
				<input type="checkbox"/> 429 FLSA
				<input type="checkbox"/> 430 FLSA
				<input type="checkbox"/> 431 FLSA
				<input type="checkbox"/> 432 FLSA
				<input type="checkbox"/> 433 FLSA
				<input type="checkbox"/> 434 FLSA
				<input type="checkbox"/> 435 FLSA
				<input type="checkbox"/> 436 FLSA
				<input type="checkbox"/> 437 FLSA
				<input type="checkbox"/> 438 FLSA
				<input type="checkbox"/> 439 FLSA
				<input type="checkbox"/> 440 FLSA
				<input type="checkbox"/> 441 FLSA
				<input type="checkbox"/> 442 FLSA
				<input type="checkbox"/> 443 FLSA
				<input type="checkbox"/> 444 FLSA
				<input type="checkbox"/> 445 FLSA
				<input type="checkbox"/> 446 FLSA
				<input type="checkbox"/> 447 FLSA
				<input type="checkbox"/> 448 FLSA
				<input type="checkbox"/> 449 FLSA
				<input type="checkbox"/> 450 FLSA
				<input type="checkbox"/> 451 FLSA
				<input type="checkbox"/> 452 FLSA
				<input type="checkbox"/> 453 FLSA
				<input type="checkbox"/> 454 FLSA
				<input type="checkbox"/> 455 FLSA
				<input type="checkbox"/> 456 FLSA
				<input type="checkbox"/> 457 FLSA
				<input type="checkbox"/> 458 FLSA
				<input type="checkbox"/> 459 FLSA
				<input type="checkbox"/> 460 FLSA
				<input type="checkbox"/> 461 FLSA
				<input type="checkbox"/> 462 FLSA
				<input type="checkbox"/> 463 FLSA
				<input type="checkbox"/> 464 FLSA
				<input type="checkbox"/> 465 FLSA
				<input type="checkbox"/> 466 FLSA
				<input type="checkbox"/> 467 FLSA
				<input type="checkbox"/> 468 FLSA
				<input type="checkbox"/> 469 FLSA
				<input type="checkbox"/> 470 FLSA
				<input type="checkbox"/> 471 FLSA
				<input type="checkbox"/> 472 FLSA
				<input type="checkbox"/> 473 FLSA
				<input type="checkbox"/> 474 FLSA
				<input type="checkbox"/> 475 FLSA
				<input type="checkbox"/> 476 FLSA
				<input type="checkbox"/> 477 FLSA
				<input type="checkbox"/> 478 FLSA
				<input type="checkbox"/> 479 FLSA
				<input type="checkbox"/> 480 FLSA
				<input type="checkbox"/> 481 FLSA
				<input type="checkbox"/> 482 FLSA
				<input type="checkbox"/> 483 FLSA
				<input type="checkbox"/> 484 FLSA
				<input type="checkbox"/> 485 FLSA
				<input type="checkbox"/> 486 FLSA
				<input type="checkbox"/> 487 FLSA
				<input type="checkbox"/> 488 FLSA
				<input type="checkbox"/> 489 FLSA
				<input type="checkbox"/> 490 FLSA
				<input type="checkbox"/> 491 FLSA
				<input type="checkbox"/> 492 FLSA
				<input type="checkbox"/> 493 FLSA
				<input type="checkbox"/> 494 FLSA
				<input type="checkbox"/> 495 FLSA
				<input type="checkbox"/> 496 FLSA
				<input type="checkbox"/> 497 FLSA
				<input type="checkbox"/> 498 FLSA
				<input type="checkbox"/> 499 FLSA
				<input type="checkbox"/> 500 FLSA
				<input type="checkbox"/> 501 FLSA
				<input type="checkbox"/> 502 FLSA
				<input type="checkbox"/> 503 FLSA
				<input type="checkbox"/> 504 FLSA
				<input type="checkbox"/> 505 FLSA
				<input type="checkbox"/> 506 FLSA
				<input type="checkbox"/> 507 FLSA
				<input type="checkbox"/> 508 FLSA
				<input type="checkbox"/> 509 FLSA
				<input type="checkbox"/> 510 FLSA
				<input type="checkbox"/> 511 FLSA
				<input type="checkbox"/> 512 FLSA
				<input type="checkbox"/> 513 FLSA
				<input type="checkbox"/> 514 FLSA
				<input type="checkbox"/> 515 FLSA
				<input type="checkbox"/> 516 FLSA
				<input type="checkbox"/> 517 FLSA
				<input type="checkbox"/> 518 FLSA
				<input type="checkbox"/> 519 FLSA
				<input type="checkbox"/> 520 FLSA
				<input type="checkbox"/> 521 FLSA
				<input type="checkbox"/> 522 FLSA
				<input type="checkbox"/> 523 FLSA
				<input type="checkbox"/> 524 FLSA
				<input type="checkbox"/> 525 FLSA
				<input type="checkbox"/> 526 FLSA
				<input type="checkbox"/> 527 FLSA
				<input type="checkbox"/> 528 FLSA
				<input type="checkbox"/> 529 FLSA
				<input type="checkbox"/> 530 FLSA
				<input type="checkbox"/> 531 FLSA
				<input type="checkbox"/> 532 FLSA
				<input type="checkbox"/> 533 FLSA
				<input type="checkbox"/> 534 FLSA
				<input type="checkbox"/> 535 FLSA
				<input type="checkbox"/> 536 FLSA
				<input type="checkbox"/> 537 FLSA
				<input type="checkbox"/> 538 FLSA
				<input type="checkbox"/> 539 FLSA
				<input type="checkbox"/> 540 FLSA
				<input type="checkbox"/> 541 FLSA
				<input type="checkbox"/> 542 FLSA
				<input type="checkbox"/> 543 FLSA
				<input type="checkbox"/> 544 FLSA
				<input type="checkbox"/> 545 FLSA
				<input type="checkbox"/> 546 FLSA
				<input type="checkbox"/> 547 FLSA
				<input type="checkbox"/> 548 FLSA
				<input type="checkbox"/> 549 FLSA
				<input type="checkbox"/> 550 FLSA
				<input type="checkbox"/> 551 FLSA
				<input type="checkbox"/> 552 FLSA
				<input type="checkbox"/> 553 FLSA
				<input type="checkbox"/> 554 FLSA
				<input type="checkbox"/> 555 FLSA
				<input type="checkbox"/> 556 FLSA
				<input type="checkbox"/> 557 FLSA
				<input type="checkbox"/> 558 FLSA
				<input type="checkbox"/> 559 FLSA
				<input type="checkbox"/> 560 FLSA
				<input type="checkbox"/> 561 FLSA
				<input type="checkbox"/> 562 FLSA
				<input type="checkbox"/> 563 FLSA
				<input type="checkbox"/> 564 FLSA
				<input type="checkbox"/> 565 FLSA
				<input type="checkbox"/> 566 FLSA
				<input type="checkbox"/> 567 FLSA
				<input type="checkbox"/> 568 FLSA
				<input type="checkbox"/> 569 FLSA
				<input type="checkbox"/> 570 FLSA
				<input type="checkbox"/> 571 FLSA
				<input type="checkbox"/> 572 FLSA
				<input type="checkbox"/> 573 FLSA
				<input type="checkbox"/> 574 FLSA
				<input type="checkbox"/> 575 FLSA
				<input type="checkbox"/> 576 FLSA
				<input type="checkbox"/> 577 FLSA
				<input type="checkbox"/> 578 FLSA
				<input type="checkbox"/> 579 FLSA
				<input type="checkbox"/> 580 FLSA
				<input type="checkbox"/> 581 FLSA
				<input type="checkbox"/> 582 FLSA
				<input type="checkbox"/> 583 FLSA
				<input type="checkbox"/> 584 FLSA
				<input type="checkbox"/> 585 FLSA
				<input type="checkbox"/> 586 FLSA
				<input type="checkbox"/> 587 FLSA
				<input type="checkbox"/> 588 FLSA
				<input type="checkbox"/> 589 FLSA
				<input type="checkbox"/> 590 FLSA
				<input type="checkbox"/> 591 FLSA
				<input type="checkbox"/> 592 FLSA
				<input type="checkbox"/> 593 FLSA
				<input type="checkbox"/> 594 FLSA
				<input type="checkbox"/> 595 FLSA
				<input type="checkbox"/> 596 FLSA
				<input type="checkbox"/> 597 FLSA
				<input type="checkbox"/> 598 FLSA
				<input type="checkbox"/> 599

INSTRUCTIONS FOR ATTORNEYS COMPLETING CIVIL COVER SHEET FORM JS 44**Authority For Civil Cover Sheet**

The JS 44 civil cover sheet and the information contained herein neither replaces nor supplements the filings and service of pleading or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. Consequently, a civil cover sheet is submitted to the Clerk of Court for each civil complaint filed. The attorney filing a case should complete the form as follows:

- I.(a) Plaintiffs-Defendants.** Enter names (last, first, middle initial) of plaintiff and defendant. If the plaintiff or defendant is a government agency, use only the full name or standard abbreviations. If the plaintiff or defendant is an official within a government agency, identify first the agency and then the official, giving both name and title.
- (b) County of Residence.** For each civil case filed, except U.S. plaintiff cases, enter the name of the county where the first listed plaintiff resides at the time of filing. In U.S. plaintiff cases, enter the name of the county in which the first listed defendant resides at the time of filing. (NOTE: In land condemnation cases, the county of residence of the "defendant" is the location of the tract of land involved.)
- (c) Attorneys.** Enter the firm name, address, telephone number, and attorney of record. If there are several attorneys, list them on an attachment, noting in this section "(see attachment)".

- II. Jurisdiction.** The basis of jurisdiction is set forth under Rule 8(a), F.R.Cv.P., which requires that jurisdictions be shown in pleadings. Place an "X" in one of the boxes. If there is more than one basis of jurisdiction, precedence is given in the order shown below.
 United States plaintiff. (1) Jurisdiction based on 28 U.S.C. 1345 and 1348. Suits by agencies and officers of the United States are included here.
 United States defendant. (2) When the plaintiff is suing the United States, its officers or agencies, place an "X" in this box.
 Federal question. (3) This refers to suits under 28 U.S.C. 1331, where jurisdiction arises under the Constitution of the United States, an amendment to the Constitution, an act of Congress or a treaty of the United States. In cases where the U.S. is a party, the U.S. plaintiff or defendant code takes precedence, and box 1 or 2 should be marked.
 Diversity of citizenship. (4) This refers to suits under 28 U.S.C. 1332, where parties are citizens of different states. When Box 4 is checked, the citizenship of the different parties must be checked. (See Section III below; **NOTE: federal question actions take precedence over diversity cases.**)

- III. Residence (citizenship) of Principal Parties.** This section of the JS 44 is to be completed if diversity of citizenship was indicated above. Mark this section for each principal party.

- IV. Nature of Suit.** Place an "X" in the appropriate box. If there are multiple nature of suit codes associated with the case, pick the nature of suit code that is most applicable. Click here for: [Nature of Suit Code Descriptions](#).

- V. Origin.** Place an "X" in one of the seven boxes.
 Original Proceedings. (1) Cases which originate in the United States district courts.
 Removed from State Court. (2) Proceedings initiated in state courts may be removed to the district courts under Title 28 U.S.C., Section 1441. When the petition for removal is granted, check this box.
 Remanded from Appellate Court. (3) Check this box for cases remanded to the district court for further action. Use the date of remand as the filing date.
 Reinstated or Reopened. (4) Check this box for cases reinstated or reopened in the district court. Use the reopening date as the filing date.
 Transferred from Another District. (5) For cases transferred under Title 28 U.S.C. Section 1404(a). Do not use this for within district transfers or multidistrict litigation transfers.
 Multidistrict Litigation – Transfer. (6) Check this box when a multidistrict case is transferred into the district under authority of Title 28 U.S.C. Section 1407.
 Multidistrict Litigation – Direct File. (8) Check this box when a multidistrict case is filed in the same district as the Master MDL docket.
PLEASE NOTE THAT THERE IS NOT AN ORIGIN CODE 7. Origin Code 7 was used for historical records and is no longer relevant due to changes in statute.

- VI. Cause of Action.** Report the civil statute directly related to the cause of action and give a brief description of the cause. **Do not cite jurisdictional statutes unless diversity.** Example: U.S. Civil Statute: 47 USC 553 Brief Description: Unauthorized reception of cable service

- VII. Requested in Complaint.** Class Action. Place an "X" in this box if you are filing a class action under Rule 23, F.R.Cv.P.
 Demand. In this space enter the actual dollar amount being demanded or indicate other demand, such as a preliminary injunction.
 Jury Demand. Check the appropriate box to indicate whether or not a jury is being demanded.

- VIII. Related Cases.** This section of the JS 44 is used to reference related pending cases, if any. If there are related pending cases, insert the docket numbers and the corresponding judge names for such cases.

Date and Attorney Signature. Date and sign the civil cover sheet.